

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-038704

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 366

Primary Registration District No. 6241

Registrar's No. 72

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED OCT 2 1963

1. PLACE OF BIRTH a. COUNTY <b>Washington</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Washington</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Breton</b>		Length of stay in 1b <b>3 years</b>	c. CITY OR TOWN <b>Potosi</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Potosi Route 2</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Route 2</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED First <b>Lyndall</b> Middle <b>Albert</b> Last <b>Turnbull</b>			4. DATE OF DEATH Month <b>September</b> Day <b>28</b> Year <b>1963</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-7-1921</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mo Pac Railroad</b>	9. AGE (last birthday) <b>41</b> IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) <b>Potosi, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Leroy Turnbull</b>		13b. MOTHER'S MAIDEN NAME <b>Lucy Evans</b>	
14. NAME OF HUSBAND OR WIFE <b>Beatrice</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes W War 2</b>	
16. SOCIAL SECURITY NO. <b>W War 2</b>		17. INFORMANT <b>Beatrice Turnbull, Potosi, Route 2, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>gun shot wound in head</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>gun shot wound in head</b>	
20c. TIME OF INJURY Hour <b>11:30</b> a.m. Month, Day, Year <b>9-28-63</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>	20f. CITY, TOWN, OR LOCATION <b>Potosi</b> COUNTY <b>Mo.</b> STATE <b>Mo.</b>
21. Death occurred at <b>11:30 AM 9-28-63</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>D. Y. Gibson M.D. Coronat</b>		22b. ADDRESS <b>Potosi, Mo.</b>	22c. DATE SIGNED <b>9-29-63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>10-1-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Hills</b>	23d. LOCATION (City, town, or county) <b>Potosi Mo</b> (State)
24. FUNERAL DIRECTOR <b>Donald Sparks</b>		25. DATE RECD. BY LOCAL REG. <b>9/30/63</b>	26. REGISTRAR'S SIGNATURE <b>Albert Turnbull</b>

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 8 1963  
NOV 27 1963

FEB 1 1964

OCT 3 1963

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ronald Sparks

Licensed Embalmer No. 4819

P. O. Address Polosi, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.